Greater Lancashire Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

We rated services as good overall because:

- There was a culture of reporting and learning from incidents. Risks to patients were identified and mitigated including processes to help staff identify and report safeguarding concerns.
- Staffing levels were appropriate with minimum staffing guidance documents to help plan required levels. Medicines and patient records were stored and managed appropriately.
- The environment was visibly clean and tidy with daily cleaning schedules used. Equipment was fit for purpose and generally checked regularly.
- National clinical guidelines and local pathways helped staff provide care. Consent was obtained formally and staff understood the process. Processes also helped staff assess a patient's mental capacity. Radiology procedures were carried out in line with established practice. Adherence to pathways was monitored through local audits.
- Pain was well managed and patients were appropriately provided with food and refreshments.
- Staff competence was managed in an organised way. Staff worked together within the hospital and externally and had access to the information needed to provide care.
- Patient feedback was continually positive. Patients described staff as 'friendly' and 'helpful' telling us they 'couldn't have been cared for better'. We observed this during our inspection. Free car parking, individual rooms, lift access, music and magazines helped meet patients' individual needs.
- Services were planned to manage access and flow such as advance planning of theatre lists. Cancellations were rare but where they did occur, were investigated to limit recurrence.
- Advice leaflets were available for patients to take away which patients rated as excellent or very good in feedback. Complaints were rare with only two received between April 2015 and March 2016.
- There was a business strategy in place which staff were familiar with and working towards. Governance measures were used to monitor safety and quality, such as regular meetings and a risk register.
- Leaders operated an open door policy for staff and the culture was positive and friendly.
- Engagement with the public took place by regularly sourcing their views about services. Managers also engaged with staff, providing positive incentives and empowering them to make decisions about requirements in a positive way.

We found areas of practice that require improvement in surgery:

- Despite the majority of equipment being checked regularly, we saw no evidence of checks relating to suction machines.
- Sinks in theatres were small which meant water spillage occurred when consultants were washing hands and arms prior to undertaking surgery.

Services we do not rate

- We do not currently have a legal duty to rate cosmetic surgery services or the regulated activities they provide but we highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Summary of findings

- Some non-surgical cosmetic procedures were undertaken at this location but surgical cosmetic procedures were not. Any patients undergoing cosmetic surgery under general anaesthetic had a consultation at this location before being referred to another local independent hospital for surgery if appropriate.

We found the following areas of good practice:

- Patients attending for cosmetic surgery consultations were given a 'cooling off' period prior to consenting to surgery.

However, we also found the following issues that the service provider needs to improve:

- Despite having a cooling off period, managers were unable to confirm the length of time provided.
- Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.
- The provider should review policies and evidence this with documented review dates.
- The provider should replace sinks used by consultants for 'scrubbing' prior to surgery with larger sinks to minimise water spillage in theatres one and two.
- The provider should add 'the suction machine' to documentation used for performing regular checks of the resuscitation trolleys and ensure checks take place on the resuscitation trolleys.
- The provider should continue developing a template for checking medicine stock regularly and introduce documented checks.
- The provider should continue working with other care providers to monitor patient outcomes, in order to identify any required changes to practice within the hospital.
- The provider should review the risk register and make changes to ensure the impact of a risk and related control measures are recorded chronologically and reviewed regularly.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Greater Lancashire Hospital is operated by Bespoke Healthcare Holdings Ltd who acquired it as Sandon House Clinic in January 2014. The clinic has recently changed its name to Greater Lancashire Hospital. Sandon House Clinic remains but for the cosmetic surgery side of the business only.

We inspected the main core service of surgery using our comprehensive inspection methodology. We carried out the announced part of the inspection on 15 and 16 September 2016 and an unannounced visit to the hospital on 23 September 2016 as part of our national programme to inspect and rate all independent hospitals.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Whilst outpatient and diagnostic imaging services were provided, outpatient activity was provided by another independent provider and diagnostic imaging was only undertaken as part of a particular surgical procedure (guided spinal injections using a single C-arm X-ray machine). We have therefore not inspected outpatient activity and, where we have inspected diagnostic imaging, this is included in findings about surgery.

Summary of findings

We rated Greater Lancashire Hospital as good overall. We have judged the service as 'outstanding' for caring. We also rated the hospital as 'good' for safe, responsive and well-led care.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated this service as good because it was safe, effective, responsive and well-led however we rated caring as outstanding. Patients received compassionate care and were treated with dignity and respect, describing care as friendly and helpful. There was a culture of reporting and learning from incidents. Areas were cleaned and equipment was checked regularly. Care was based on national guidelines and local policy. Pain was managed and food and refreshments were available. Staff competencies were monitored and there were strategies in place to manage risk and maintain sustainability.

Summary of findings

Contents

Good

GREATER LANCASHIRE HOSPITAL

Services we looked at

Surgery

Summary of this inspection

Background to Greater Lancashire Hospital

- Greater Lancashire Hospital is operated by Bespoke Healthcare Holdings Ltd who acquired it as Sandon House Clinic in January 2014. The clinic has recently changed its name to Greater Lancashire Hospital. It is a private hospital in Preston, Lancashire.
- The hospital primarily serves the communities of the Lancashire and Cumbria areas but also accepts patient referrals from outside these areas.
- The hospital also offers cosmetic procedures such as dermal fillers and laser hair removal, ophthalmic treatments and cosmetic dentistry. We did not inspect these services.
- This was our first inspection of this hospital. We carried out the announced part of the inspection on 15 and 16 September 2016, and an unannounced visit to the hospital on 23 September 2016.

Our inspection team

The inspection team comprised a CQC lead inspector, a CQC inspector and an assistant CQC inspector, as well as a specialist advisor with expertise in governance. The inspection team was overseen by Nicola Kemp, Inspection Manager.

Information about Greater Lancashire Hospital

Surgical and cosmetic services are provided by Greater Lancashire Hospital and Sandon House which both operate at this location as part of Bespoke Healthcare Ltd. Greater Lancashire Hospital works in partnership with local NHS organisations providing day case surgery only, in areas including plastics, urology, ablation, spinal, ear nose and throat, and maxilla-facial care. Procedures undertaken include; excisions, cystoscopies, blepharoplasty (eye lid surgery), spinal injection, balloon sinuplasty and dental extractions.

Sandon House provides non-surgical cosmetic procedures. These are not currently regulated under the Health and Social Care Act 2008 and were therefore not inspected. The hospital does not provide care for children under the age of 18 years.

Facilities include two operating theatres, one laser room, three recovery rooms and four consulting rooms. Equipment includes a C-arm X-ray machine, used solely for diagnostic injection guided procedures to provide surgeons with an adequate view of the anatomy of an injection site.

The hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder, or injury

During the inspection, we visited waiting rooms, consultation rooms, treatment rooms and theatres. We spoke with 14 staff including; registered nurses, health care assistants, reception staff, medical staff, and senior managers. We spoke with six patients and relatives. We reviewed 11 staff files and eight patient records as well as reviewing 'tell us about your care' comment cards which patients had completed prior to our inspection. We also reviewed information sent to us by the hospital both before and during our inspection.

There were no special reviews or investigations of the hospital on going by the CQC at any time during the 12 months prior to this inspection. This was the hospital's first inspection since registration with CQC.

Activity (April 2015 to March 2016)

Summary of this inspection

- Between April 2015 and March 2016 there were 1338 day case episodes of care.
- 99% of these were NHS funded through partnerships with local NHS trusts in the local area.
- All of the patients who received care were adults over 18 years old.

Twelve doctors worked at the hospital under practising privileges. The hospital employed one radiographer, two registered nurses, 1.8 whole time equivalent health care assistants and two receptionists, as well as having its own bank staff. The accountable officer for controlled drugs (CDs) was the registered manager. Track record on safety (April 2015 to March 2016)

- No Never events
- Eleven no harm and nine low harm clinical incidents. No incidents involving moderate or severe harm, or death.
- No serious injuries

No incidences of hospital acquired Methicillin-resistant staphylococcus aureus (MRSA),

No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

Two complaints were received which related to cosmetic surgery procedures.

Outpatient healthcare providers from a different organisation operated within the service using rooms in the hospital to see patients undergoing spinal injections.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Pharmacy ordering and delivery services
- Interpreting services
- Laser protection service
- Maintenance of medical equipment
- Pathology and histology

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- There was a culture of reporting and learning from incidents amongst staff.
- The environment was visibly clean and tidy with daily cleaning schedules undertaken. Equipment was fit for purpose and checked regularly.
- Medicines and patient records were stored and managed appropriately.
- There were processes to help staff identify and report safeguarding concerns.
- There was a programme of mandatory training with good completion rates overall.
- Risks to patients were identified and mitigated. Staff demonstrated use of techniques recommended by international bodies such as the World Health Organisation to minimise risks.
- Staffing levels were appropriate with minimum staffing guidance documents to help plan required levels each day. There were business continuity and fire procedures should external events or fires threaten the ability to provide services for patients.

However, we also found the following issues that the service provider needs to improve:

- Sinks used by consultants for cleaning hands and arms prior to surgery were small which meant water spilled over onto the floor regularly.
- Equipment check schedules relating to resuscitation trolleys did not include the suction machine. This posed a risk that the machines were not regularly checked or that the results of checks were not documented.
- Although medicine stock levels were checked, these were not being documented at the time of inspection. This posed a risk that missing stock may not be identified as there was no audit trail.

Are services effective?

Good

We rated effective as good because:

- National clinical guidelines and local pathways were used to help staff provide care in line with recognised standards.

Summary of this inspection

- Pain was managed, with relief provided where required. Patients were provided with food and refreshments prior to leaving the hospital.
- Participation in local audits enabled staff to monitor practice and quality of care.
- Staff competence, practising privileges and appraisals were managed effectively.
- Staff from different groups worked together both within the hospital and externally and staff had access to the right information to enable them to care for patients appropriately.
- Radiology procedures were carried out in line with established practice.
- Consent was obtained formally and staff demonstrated an understanding of the process. There were processes for staff to follow should they need to assess a patient's mental capacity.

However, we also found the following issues that the service provider needs to improve:

- Clinical outcomes for patients were not closely monitored because staff told us that local NHS trusts managing the overall care of the patient undertook this.
- Policies were not always up to date regarding review dates. This posed a risk that either policies were not reviewed in a timely way or the documents were not updated properly when reviews took place.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- Patient feedback was continually positive about the care provided.
- Patients we spoke with consistently described staff as 'friendly' and 'helpful'. They told us they 'couldn't have been cared for better' and were made to feel 'relaxed after feeling apprehensive'.
- We saw staff interacting with patients in a supportive, caring manner, taking time to explain everything and provide reassurance.

Are services responsive?

Good

We rated responsive as good because:

- Services were planned to ensure access and flow was managed. Theatre lists were planned in advance. Cancellations were rare but increased rates were investigated to limit recurrence.

Summary of this inspection

- Patients' needs were met with free car parking, individual rooms, lift access, music and magazines. Areas were pleasant, light and airy with television or music in patient areas.
- Advice leaflets were available for patients to take away with them which patients rated as excellent or very good in feedback.

Complaints were rare and managed in line with a local policy which was accessible to staff caring for patients.

Are services well-led?

Good

We rated well-led as good because:

- There was a clear vision and strategy which staff were familiar with and working towards.
- Governance measures were used to monitor safety and quality, such as regular meetings, a risk register and a quality improvement plan.
- Leaders operated an open door policy for staff and the culture was positive and friendly.

Engagement with the public took place by regularly sourcing their views about services. Managers engaged with staff as well,

- providing positive incentives and empowering them to make decisions about requirements in a positive way.

However, we also found the following issues that the service provider needs to improve:

- Although a risk register was in place we found some elements missing which made it difficult to review how long a risk had been present and what had been done to manage the risk over time. The impact of the risk was also not included.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	☆ Outstanding	Good	Good	Good
Overall	Good	Good	☆ Outstanding	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

Summary of findings

The main service provided by this hospital was surgery in areas including plastics, urology, ablation, spinal, ear nose and throat and maxilla-facial care. Procedures undertaken included; excisions, cystoscopies, ophthalmology, blepharoplasty (eye lid surgery), spinal injection, balloon sinuplasty and dental extractions. Since April 2016, the hospital had commenced maxilla facial local anaesthetic for dental extractions.

Are surgery services safe?

Good

We rated safe as good. This was because:

- There was a culture of reporting and learning from incidents amongst staff.
- Areas were visibly clean and tidy with daily cleaning schedules undertaken.
- Equipment was generally fit for purpose and within date of required checks.
- Medicines and patient records were stored and managed appropriately.
- There were processes in place to help staff identify and report safeguarding concerns.
- Mandatory training was in place with good compliance overall.
- Risks to patients were identified and mitigated and staff demonstrated use of techniques recommended by international bodies such as the World Health Organisation to minimise risks.
- Staffing levels were appropriate with minimum staffing guidance documents to help plan required levels each day.
- There were current business continuity and fire procedures.

Incidents

- There was a culture of reporting and learning from incidents amongst staff.

- Staff reported incidents using a template stored electronically which was emailed to managers for review following completion. Paper copies of incident forms were available for radiology incidents and these were available near radiology equipment.
- Between April 2015 and March 2016, 20 incidents were reported, all of which were graded as causing no or low harm to patients.
- No never events or serious incidents were reported between April 2015 and March 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- We saw staff respond appropriately to an incident during our inspection. After staff found sterilised surgical equipment which should have been discarded after use, they addressed immediate risks by discarding the equipment and re-dressing with new 'theatre scrubs' (sanitary clothing), informing the sterilisation company, updating records and completing an incident form.
- There were clear processes for reporting incidents about the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). Staff were aware of these. The service had not reported any Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) or magnet related incidents in the 12 months prior to our inspection.
- The radiation safety policy was last reviewed in February 2015 and the next formal review was due in February 2018.
- Information about incidents including outcomes and lessons learned was fed back to staff at regular meetings.
- Meetings to discuss mortality and morbidity were not routinely held because no deaths had ever occurred at the hospital.
- Nursing staff we spoke with were aware of the duty of candour. The duty of candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The hospital was compliant in their responsibilities for the duty of candour.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The hospital did not use clinical dashboards to provide an overview of quality or safety. Clinical dashboards can provide details relating to incidences of falls, catheter acquired infection, venous thromboembolism (VTE) or infection rates. However managers said they did not monitor these elements of care because they only related to patients receiving general anaesthetic or were staying in hospital overnight, neither of which the hospital provided.

Cleanliness, infection control and hygiene

We observed staff following good practice in relation to the control and prevention of infection. Practice was in line with the hospital's policies and procedures. All the areas we inspected were visibly clean and tidy. An infection control lead was available should advice or guidance be required. Domestic staff said they cleaned areas daily (providing the hospital was open)

- between 7am and 10am and checklists we reviewed confirmed this. Deep cleaning was done twice a year by an external company.
- Staff used colour coded systems to separate cleaning equipment for clinical and domestic areas.
- Reusable cloths were cleaned at pre-defined temperatures following use. Disposable chlorine based wipes were used to disinfect items (such as operating trolleys) between patients.
- Single use and disposable surgical items were used to limit the risk of cross infection. Re-usable surgical equipment was sterilised by an external company.
- Staff used systems to reduce the risk of contamination between new and used equipment. This involved placing used equipment in a designated area to the left of theatres and sourcing clean equipment from the right side.
- Infection prevention and control was reviewed annually by an external auditor. The latest review had confirmed that a dirty utility (sluice) was no longer required but decontamination facilities could be improved. Staff opted to change this into a new area for decontamination in line with best practice guidance and we saw evidence that change was in progress.

- The hospital infection prevention and control policy was reviewed twice a year. However, we saw that the review date of March 2016 had already expired.
- Surgical site infections were not monitored by hospital staff because the time patients spent under the care of the hospital was very short (some procedures were completed within 15 minutes). Instead infections rates were monitored by referring NHS trusts. Senior staff told us they relied on the referring NHS trust to inform them if patients developed infections that were potentially attributable to the hospital or referred back through the medical history in the patient's record. However, managers told us they believed this was something they needed to develop. We saw evidence that they had begun liaising with one NHS trust to formalise this process and obtain regular confirmation of infection or no infection.
- We observed clinical staff following hand hygiene practice and adhering to 'bare below the elbows' practice when caring for patients. In theatre, we saw staff wearing appropriate 'theatre scrubs' (sanitary clothing) which were changed appropriately.
- Diagnostic imaging treatment was carried out in either of the two theatres. We observed that specialised personal protective equipment was available for use by staff within these radiation exposure areas. We saw cleaning schedules had been completed for the specialist personal protective equipment; the four lead gowns which included checks were free from any damage.

Environment and equipment

- Nurses and consultants confirmed that the environment met their needs, allowing them to provide good patient care. For example, theatres provided ample space and the right equipment. However, we observed spillage from the hand washing sink in theatre one due to its small size. Managers said they had plans to install larger sinks for hand washing prior to surgery. Consultants agreed this would be a useful change.
- In summer 2016, managers reviewed environmental areas and devised requirements to improve, where required. We saw that actions were completed. For example, chairs were replaced to ensure fabric was easier to clean and carpets were replaced with more clinically appropriate flooring in consultation rooms upstairs that met national guidance.
- We saw that other changes were made when required. For example doors were widened to accommodate new X-ray imaging equipment.
- A resuscitation trolley was situated on each floor containing equipment such as automatic external defibrillators, suction machines and items to secure airway and aid breathing and circulation. Items we checked were within expiry date and clearly labelled to enable rapid access. Managers told us items were checked weekly or after use. Records we inspected on the first floor trolley confirmed this was the case except for checks relating to the suction machine which neither we nor senior nursing staff could locate. Following this staff took immediate action to ensure the machine was included in weekly checks.
- We saw a range of equipment in theatres. A random check of equipment showed these had been serviced regularly in line with the hospital's policy. Electrical appliance testing dates were up to date.
- The diagnostics imaging /radiology manager carried out care and treatment in line with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Local radiation protection rules (rules which help ensure patients are not exposed to excess levels of radiation) were available for staff to refer to.
- Staff wore radiation detection badges that were monitored and changed every two months to ensure they were not exposed to unsafe levels of Ionising Radiation.
- All diagnostic imaging equipment had an annual service check. The most recent report for this was dated August 2016.

Medicines

- A senior nurse with prescribing rights was responsible for medicines and controlled drugs in the hospital. Medicines management helped keep patients safe. A designated consultant supported the nurse should there be any queries. Other staff did not need prescribing rights because this was done by doctors if required.

- The hospital worked with a local NHS hospital trust to ensure medicines were ordered and delivered each week. These were then delivered by a local NHS ambulance service trust that also transported clinical waste and specimens from the hospital for further investigation.
- A range of medicines and controlled drugs were stored in locked cabinets in a designated room. Keys to access these were stored in a separate locked cabinet. Staff recorded when keys were removed and replaced. Medicines and drugs were ordered and delivered via a local NHS trust.
- The contrast medium used for injection into the spine during the diagnostic imaging was safely stored in a locked cabinet.
- Medicines and controlled drugs included antibiotics, pain relief and local anaesthetics. Resuscitation medicines were stored securely on resuscitation trolleys. Those we checked were sealed and within expiry date. No medicines requiring storage at low temperature were required or stored on site.
- Staff checked controlled drugs daily to ensure anomalies were identified. We saw that checks and usage were recorded correctly. We checked stock levels for a random sample of controlled drugs which all corresponded with the register.
- Staff told us that medicine stocks were checked regularly, but they confirmed that these checks were not recorded. However, we were shown a draft stock check document which was due to be trialled imminently.
- Staff responsible for controlled drugs explained they were destroyed using special kits when they breached expiry, with details recorded on a drug destruction form.

Records

- There were systems to ensure patient's records were managed appropriately.
- Pre-operative assessments were not carried out by this hospital. Instead these were completed by the referring NHS trust prior to patients attending for surgical procedures.
- There was a policy relating to the retention and destruction of health records. This was within the review date and included information such as timescales and storage requirements
- We inspected eight patients' records and found these were legible, signed and dated. Records included information about emergency contacts, allergies, potential pregnancy, medical history, current medication and GP details as well as information about the procedure.
- Patient records were paper based. However some records were communicated to and from other providers electronically. For non-surgical cosmetic procedures patient records remained in paper form. These were stored in line with national guidance. For patients referred from NHS trusts for minor surgical procedures, records were received electronically from the trust, printed out and re-scanned (including updated records) before being returned to the trust by secure email. Paper versions were then destroyed after six months.
- Consultants wrote or recorded notes verbally and letters were sent to patients and GPs which included this information. Consultants approved letters before sending to patients.
- Managers audited record completion to ensure staff included the correct details about patients under their care. Twenty records per quarter were reviewed for patients referred from different NHS trusts, covering elements such as recording pre-operative clinical observations, allergies and consent, using the World Health Organisation surgical safety checklist, and providing discharge information. These showed that, between September 2015 and March 2016, records audited consistently showed 100% compliance with good practice.
- Checklists were included in records to ensure key documents were included, such as a discharge sheet, consent and post-operative care sheet, names and role of staff members, treatment times, anaesthetic used, clinical observations and the surgical safety checklist sheet.

- The hospital did not undertake regular medical records audits however random audits were carried out to review medical and nursing records to identify good practice and areas for improvement.
- Staff reported that patients' records were always made available at a consultation.
- Blank prescription pads were locked away securely with designated access to ensure they remained secure.

Safeguarding

- There were safeguarding policies and procedures, and staff knew how to refer a safeguarding concern to help protect adults and children from abuse.
- The hospital had an appointed lead for safeguarding who provided safeguarding training for all staff.
- Safeguarding training was mandatory and staff completed levels of training based upon their contact with patients. We saw level one and level two adult safeguarding training was delivered to ten out of twelve staff in September 2016. The two remaining staff did not attend as their training was not yet expired. Managers confirmed that bank staff completed training via their main employer. However, those who were not up to date with their employers were included in training days.
- There were no reported safeguarding incidents relating to surgery at the hospital between April 2015 and March 2016.
- The safeguarding policy included information and guidance for staff in relation to female genital mutilation (FGM). Staff we spoke with were aware of FGM and knew how to raise it as a safeguarding concern.
- Information available from the home office were kept in safeguarding folders on the ward and in theatre. Since October 2015, it became mandatory for regulated health and social care professionals to report 'known' cases of FGM, in persons under the age of 18, to the police. Whilst the service did not provide care to those patients under the age of 18, healthcare staff had a professional duty to report any concerns where a parent has had FGM and may have female children.

Mandatory training

- All staff were required to undertake mandatory training, which included resuscitation, moving and handling, safeguarding, hand hygiene and information governance.
- Figures provided showed that, in August 2016, nurses, healthcare assistants and clerical staff were 100% compliant in all areas except moving and handling. Here, managers had experienced problems sourcing staff to provide the training but were working to improve the situation with further training planned in October 2016. At the time of the inspection, 50% of nurses but no healthcare assistants or clerical staff had received this training. Failure to remain up to date with training in moving and handling can pose a risk that staff responsible for helping patients mobilise, may not do so correctly.

Assessing and responding to patient risk (theatres and post-operative care)

- The hospital had an admissions policy which set out pre-defined referral criteria to ensure only low risk patients were accepted for surgery. This reduced the risk of patients experiencing complications during or immediately after surgical procedures. The criteria listed exclusions such as patients with a body mass index of over 40, patients requiring home respiratory support or patients lacking mental capacity.
- Further checks were done following referral. This involved speaking to patients to confirm extra details such as use of blood thinning medicine, presence of diabetes or allergies and
- any history of an infection called Methicillin-resistant staphylococcus aureus (MRSA). Mobility or special requirements were also discussed. If patients answered yes to any of these questions, the findings were passed to a nurse to review.
- Following arrival, clinical observations were taken by trained staff prior to, during and after surgery to ensure any changes were identified. Nurses explained they would call for the consultant if they were concerned about a patient.
- Early warning scores (EWS) were not used by staff. EWS systems analyse clinical observations within set parameters to determine how unwell a patient may be. When observations fall outside parameters they produce a higher score, requiring more urgent clinical

care than others. Nurses explained that surgical procedures did not require general anaesthetic and as such were low risk. With referral criteria, pre-acceptance checks and recording of observations already in place they did not feel this was required.

- In theatre, nurses followed the World Health Organisation (WHO) Surgical Safety Checklist prior to, during and post-operatively as part of the Five Steps to Safer Surgery. The WHO (World Health Organisation) checklist is a system to safely record and manage each stage of a patient's journey from the ward through to the anaesthetic and operating room to recovery and discharge from the theatre. This helped ensure surgery was conducted safely through standard internationally recognised checks. Through this, staff confirmed important information such as patient and procedure details (including confirmation that patient consent had been obtained). They also prompted staff to confirm required people were present; sterility and number of equipment items was counted and provided opportunity for staff to raise any concerns.
- We observed two surgical procedures and saw that basic observations such as respiratory rate, temperature, blood pressure and oxygen saturation levels for patients were made so staff were alerted to any changes in a patient's condition. Both procedures included appropriate communication from the clinic nurse to the surgeon. Staff followed the Five Steps to Safer Surgery and completed a checklist. Staff were fully engaged for each stage, the sign in, time out and sign out. The surgeon was present during the patient details check and the preoperative checklist for the patients. There was verbal communication between the patient, nursing staff and the surgeon.
- Preoperative marking was undertaken to promote correct site surgery, including operating on the correct side of the patient and/or the correct anatomical location or level. The national patient safety agency (NPSA) and the Royal College of Surgeons (RCS) strongly recommend that the mark should subsequently be checked against reliable documentation to confirm it is correctly located and still legible. This checking should occur at each transfer of the patient's care and end with a final verification prior to commencement of surgery. We observed all team members being involved in checking the site for surgery before the procedures were carried out.
- We observed the health care assistant (HCA) read through a checklist and the scrub practitioner confirmed what was present during the check of instruments. This occurred prior to and following the procedure and followed best practice guidelines by the Association for Perioperative Practice (AfPP) which recommends both practitioners must visually check, count aloud and in unison. Swabs and sundries were counted and recorded on a white board.
- Staff knew what to do should a patient deteriorate and require emergency care. This involved undertaking basic life support and requesting an emergency ambulance via 999.
- Information relating to allergies was recorded prior to contact with potential allergens such as latex. This ensured that requirements were identified and appropriate precautions taken early which helped prevent patients suffering allergic reactions. We saw precautions in place for a patient during our visit. These included signage on doors of rooms and theatres where the patient was likely to be present.
- The Radiology Manager used an adapted World Health Organisation (WHO) checklist prior to the use of the C-arm equipment. The hospitals radiological policies and procedures included a procedure for patients of childbearing age. The imaging request form included prompts to ask female patients about their pregnancy status as required by (IR(ME)R2000). In addition a radiological disclaimer form was signed and dated by the patient and radiographer who asked the patient again in theatre.
- Signage to warn people that x-rays were undertaken in certain rooms was clearly visible. This included electronic signage, which was working effectively and prevented the risk of exposure to unnecessary radiation. Patients were not permitted past the waiting area without supervision to further minimise the risk to radiation exposure.

- Risk assessments were seen in relation to radiology and staff had signed to say they had read these. Examples of mitigation included safe wearing of the X-ray lead gowns and thyroid collars and spinal belts.
- The Radiology Manager gave an example where an area of risk had been identified and acted upon. This was where two patients had driven themselves for treatment without having anyone to drive themselves home. The hospital had re written the letter to advise patients that treatment will not be carried out unless they had someone to drive them home post treatment.
- There was guidance available on appropriate requesting of radiation diagnostic tests and staff were confident to challenge inappropriate requests.
- Following procedures, patients rested and re-dressed in individual recovery rooms. Reclining chairs were used ensuring patients could be laid flat should intervention be required.
- Although call buttons were situated on walls in recovery rooms, there were no cords allowing the patient to hold a call bell whilst reclined. When we told managers about our concerns, they took immediate action to ensure these were installed the following day.
- We asked managers what facilities were in place to help staff identify and refer vulnerable cosmetic surgery patients for psychological support if required. They confirmed that consultants were expected to identify these issues and that surgery would not be undertaken under these circumstances. They also advised that general safeguarding principles may also be applicable and appropriate referrals would be made.
- Managers explained that visiting consultants remained on site until the last patient was discharged and a consultant present during our inspection confirmed this. This ensured a consultant was available should a patient deteriorate following procedures.
- Following discharge patients would also be advised to visit their GP or emergency services should they have any concerns.
- The hospital had access to a radiation protection supervisor and a radiation protection advisor in accordance with the ionising radiation (medical exposure) regulations (IR(ME)R 2000).
- The hospital had a lone working policy. Staff were never left alone in the premises.
- The manager held a list of the staff who were trained and authorised to use the radiological imaging equipment and of clinicians who were authorised to request the images.

Nursing and support staffing

- Two whole time equivalent nurses (one of which was a nurse prescriber), one radiographer, 1.6 whole time equivalent health care assistants and 3.5 whole time equivalent clerical staff worked in the hospital. Eight bank staff were also employed to work as and when required. Three of these were regular staff.
- Managers confirmed that no recognised acuity tool was used to calculate the required number of nurses each day. This was because staffing requirements changed dependent upon the treatments taking place and patient numbers. Instead, they devised a written tool to help determine required numbers for each theatre list. For example, the document confirmed that radiology staff would be required for spinal injection procedures and a scrub nurse was required for plastic surgery. A circulating nurse was included where theatre lists ran concurrently.
- In addition to the contracted staff, other staff were employed via the hospital's bank process, this ensured continuity as regular staff attended. Two radiology bank staff were currently used in addition to the Radiology Manager.
- Managers confirmed they felt assured that staffing was adequate but expected to recruit more staff should services expand in the future.
- All staff provided documents upon employment (such as evidence of mandatory training and pre-employment medical checks) and read through the hospital's policies and procedures prior to signing to confirm this had been done.
- General handovers of information between staff did not routinely take place because staff worked the duration of each day which meant this was not necessary. However, nurses told us that before each theatre list started they held a briefing with the consultant to ensure they were aware of their patients each day. We

also observed a handover of information about an individual patient between a theatre nurse and the nurse caring for patients post operatively. This included the patient's condition and any specific discharge plans.

Medical staffing

- Consultants were not directly employed by the hospital but instead practised under practising privileges (permission to practise as a medical practitioner in a particular hospital).
- There were 12 doctors and dentists practicing under rules and privileges for the provider. All 12 had had their registration validated in the 12 months prior to our inspection.
- The hospital had a policy outlining the responsibilities of practitioners and the organisation, criteria for eligibility of privileges and reasons for restricting, suspending or withdrawing privileges. The policy was dated 2014 but had no review date. We were concerned the policy may not have been reviewed since this time.
- We checked six medical staff files and found that practising privileges documents were up to date.
- All the consultants practising at the hospital were local NHS employees. This meant that most of the patients they saw were already known to them, having provided care or treatment as part of their NHS pathway already.
- As the hospital was only open during the day and did not accommodate patients overnight, there was no requirement for a resident medical officer to stay on the premises.
- As the site did not operate overnight, there was no requirement for medical staff to handover information about patients.

Emergency awareness and training

- There were clear instructions for staff to follow in the event of fire or other major incident.
- Staff were aware of the procedures to follow in the event of a fire and we saw evidence of fire evacuation tests and evacuation plans.
- An external company provided fire safety training. A manager told us that all required staff were up to date with fire training. Fire training formed part of the induction process for new staff.
- An evacuation chair was available should anyone (including bariatric patients) require assistance with evacuation.

Are surgery services effective?

Good

We rated effective as Good. This is because:

- National clinical guidelines were used and local pathways helped staff provide care in line with recognised standards.
- Pain was managed, with relief provided where required.
- Patients were provided with food and refreshments prior to leaving the hospital.
- Participation in local audits enabled staff to monitor practice and quality.
- Staff competence, practising privileges and appraisals were managed effectively with administration staff working to identify missing information and ensure it was provided.
- Staff from different groups worked together both within the hospital and externally and we saw that staff had access to the right information to enable them to care for patients appropriately.
- Radiology procedures were carried out in line with established practice.
- Consent was obtained formally and we observed the process which ensured patients had a full understanding of procedures including risks and what to expect during and afterwards. There were processes for staff to follow should they need to assess a patient's mental capacity.

However:

- Staff did not take part in national audits to monitor their effectiveness but were hoping to link with local NHS trusts to monitor outcomes for some patients.

Evidence-based care and treatment

- National clinical guidelines from organisations such as the Resuscitation Council, World Health Organisation and Association of Perioperative Practice were used to

help staff provide good care. We saw four patients' records which confirmed the WHO patient checklist was being used. In addition we saw this in practice with the two patients whose procedures we observed, with their permission.

- Local pathways were in place, such as the 'patient pathway' which helped staff ensure they captured details such as previous medical history, smoking, alcohol use, GP details and clinical observations. Local policies covered topics such as infection prevention and control, safeguarding, audit, consent, death and mental capacity. These were within their review dates.
- There were no formal ways of accessing guidance other than searching for copies on the intranet or asking administration staff to locate it. Instead nurses and managers told us they relied on consultants to provide verbal guidance during procedures. We were concerned that not having formal routes to obtaining guidance posed a risk that staff may inadvertently access out of date or incorrect guidance. Despite this, consultants we spoke with assured us they received clinical updates as part of their work and would pass these to staff as part of briefings. Nurses confirmed they were experienced in specialist areas which lessoned their reliance on guidance. In the meantime, managers worked to establish links with specialties in the local NHS trusts to help ensure staff remained up to date through these networks.
- The radiology manager demonstrated a clear understanding of their role in relation to Ionising radiation (medical exposure) regulations 2000 (IR(ME)R) and the protection of patients from the risks of unnecessary exposure to radiation.
- A separate file was available for staff on IRMER which included its regulations and specific guidance.
- Diagnostic reference levels (DRL's) were used to identify where radiation doses may be reduced without compromising the quality of the diagnostic images. These DRL's were audited by the radiation protection advisor assigned to the hospital.
- Local audits were planned for the year ahead. For 2016/17 the hospital planned to review numbers of patients who did not proceed with treatment following initial consultations for cosmetic surgery as well as adherence to infection control and health and safety practice.

Pain relief

- Pain during procedures was managed using local anaesthetics. A range of pain relief medicines were also available.
- We observed consultants discussing local anaesthetics and post-operative pain management with patients before and after surgery.
- A consultant told us that any patient experiencing pain would be referred back for a follow up appointment via the commissioning trust.
- The hospital provided spine pain management delivered by two consultants. X-ray guidance from the C-arm was used to determine where to inject local anaesthetic and steroid medication to block nerve pain.

Nutrition and hydration

- Instructions on fasting times for food and drink prior to surgery were given to patients. Admission times were staggered so patients were not fasting for longer than is considered necessary.
- Food and refreshments were available for patients, relatives and friends. These included toast, biscuits and hot drinks. As patients underwent only minor procedures, treatment was usually complete before meals were required. However we were told of an instance where a meal had been accessed for a patient whose transport was delayed.

Patient outcomes

- The hospital had an audit programme that included some audits on patient outcomes; however the hospital did not participate in national audits. This was because patients were cared for under the wider umbrella of local NHS trusts who managers said were responsible for national audit and outcome monitoring. Despite this managers were in the process of increasing monitoring of outcomes relating to infection. We saw that this had been discussed at a meeting in September 2016 and had approached a local NHS trust, to make enquiries. This was ongoing at the time of inspection. In the meantime, consultants described monitoring outcomes informally through follow up appointments with patients.
- The hospital undertook local audits to monitor quality. Measures included reviewing documentation, consent

and completion of safety checklists. These were shared with the referring NHS trusts. We reviewed results for May and June 2016 which showed 100% compliance in completion of medical records, consent and surgical checklists.

- Managers had carefully reviewed requirements to provide data for the Private Healthcare Information Network (PHIN). This network collates and publishes information about private healthcare under the Competition and Markets Authority Private Healthcare Market Investigation Order (2014). Following discussions with the network in February 2016 managers confirmed there was no requirement to register. However, following reconsideration seven months later managers felt that expansion might change the position and as a result were proceeding with PHIN membership to ensure compliance. This would ensure that the hospital would collate data such as numbers of procedures, unplanned transfers, patient feedback, frequency of adverse events and infection rates.
- Cancellations were also monitored to ensure they were kept to a minimum. Results between February and July 2016 showed none in February, March or June, one in April, one in May and 10 in July 2016. Managers took action to analyse the reason for the July increase which they found was caused by staff sickness.
- In the 12 months prior to our inspection, there had been no unplanned returns to theatre, no readmissions to surgery within 28 days and no unplanned transfers of inpatients to other hospitals.

Competent staff

- There were processes to ensure staff were competent and able to fulfil their roles in the hospital. Staff commencing employment with the hospital underwent pre-employment medical checks as well as checks by the Disclosure and Barring Service (DBS). We saw a checklist ensured all the appropriate details were obtained and this was placed in staff records.
- Inductions took place following recruitment to ensure staff familiarised themselves with the hospital and local policy. Details included emergency procedures, smoking policy, dress code, the grievance procedure, how to raise concerns and report incidents.
- Evidence of Nursing and Midwifery Council (NMC) registration, curriculum vitae (CV) and references were kept in nurses' staff files. Of the six files we inspected, all contained up to date details.
- Competency documents were held in all staff files. These included signed declarations confirming staff had received local competency training, felt competent to use equipment and would not use equipment they weren't trained to or didn't feel able to use. We inspected three files which all contained up to date competency details.
- Before doctors can work in a private hospital, admitting rights or 'practising privileges' need to be obtained. These privileges confirm that doctors are fit to practise. We inspected six medical staff files and saw evidence that practising privileges checks for medical staff. Staff files for all employees and medical staff working under practices privileges contained evidence of up to date appraisals, training, practice reviews (to support up to date knowledge, skills and service quality improvement). Administration staff monitored practising privileges and other requirements for medical staff using a checklist. This confirmed staff had up to date training, appraisals, registration with the General Medical Council and any investigations undertaken about the care they had provided.
- We saw the staff records for the three staff who had appropriate training to administer radiation. In addition, competency records for x-ray procedures were held for ten staff which included a consultant neuro-surgeon, a consultant in pain management and an orthopaedic spinal surgeon.
- Staff confirmed there were opportunities to develop professionally and this was discussed at senior meetings. For example, some staff chose to act as link nurses which allowed them to develop specialist knowledge in areas such as manual handling, safeguarding and infection control.
- The radiology manager was the appointed radiology protection supervisor for the hospital. The manager demonstrated her knowledge, role and responsibilities in delivering effective care and treatment.
- Appraisals were completed annually. Records showed that 100% of nurses and healthcare assistants received an appraisal between April 2015 and March 2016.

Good

Surgery

Multidisciplinary working

- A range of skilled staff provided the holistic care patients needed at the hospital.
- Directors and managers in the hospital maintained links with local NHS trusts and we saw that monthly meetings took place with NHS trust partners.
- Visiting consultants and nurses worked together to provide services to patients. The nurses and consultants we spoke with said they had good working relationships and we saw them communicate effectively with each other to provide care for patients. They held joint team briefings prior to starting theatre lists each day. Here they reviewed each patient highlighting equipment requirements, clinical information and specific needs as well as any staffing issues.
- Staff ensured that referring healthcare providers such as NHS trusts were provided with patient feedback three times annually. This helped to ensure they had up to date information about the standard of care from patients' perspectives.
- The Radiology Manager confirmed they had an 'excellent' relationship with the radiation protection advisor who was a medical physics expert who oversaw and advised the manager on radiation issues. Examples of areas of recent advice included dose measurements and health and safety issues.

Access to information

- All the staff we spoke with said they had access to all the information required to provide care and treatment for patients and operate services effectively. Staff told us they felt there was excellent This included access to patient records which were scanned across to the hospital prior to surgery. Designated staff (such as consultants) also had access to the same patient information system used in one of the referring NHS trusts. However this was not the case for all patients, some of which were referred from other NHS trusts whose systems were not accessible at the time of our inspection.
- Medical staff could access a regional patient archiving communication system (PACS) to locate diagnostic images of patients. Instructions for accessing the system were also provided.
- Algorithms to assist staff in treating patients choking or suffering anaphylaxis or requiring advanced life support were visible on staff noticeboards in clinical areas. Other guidance was also displayed such as weight restrictions for stretchers.
- Designated contact telephone numbers were available to staff, ensuring they were able to contact particular staff from other healthcare providers (such as referring NHS trusts) if required.
- Formulary reference books by the British National Formulary (BNF) were available should clinical staff wish to obtain information about prescribing and pharmacology.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The hospital had a consent policy in place, based on guidance issued by the Department of Health. This included guidance for staff on obtaining valid consent, details on the Mental Capacity Act 2005 (MCA) guidance and checklists.
- Staff had the appropriate skills and knowledge to obtain consent from patients. Consent for procedures was obtained in writing. We saw the process of obtaining consent where a consultant explained the process, risks and after effects following a procedure before confirming that the patient understood and obtaining a signature to confirm this.
- We reviewed six general consent forms which all identified serious or frequently occurring risks following the procedure. The consent forms were fully completed, signed and dated and patients we spoke with confirmed they had understood what had been written and had this explained verbally.
- Audits of the consent process showed staff routinely obtained written consent for patients.
- Managers confirmed that cosmetic surgery patients were provided with a 'cooling off' period following consultations, to allow them time to fully consider the procedure before agreeing to surgery. However, managers could not tell us how long the period lasted. Instead they advised that consultants would make this decision. Despite this, we saw that only three patients had been referred for cosmetic surgery between April 2015 and March 2016.

Good

Surgery

- Additionally, the hospital did not accommodate any patients having cosmetic surgery. Instead they were referred to another hospital should they wish to go ahead.

Are surgery services caring?

Outstanding ☆

We rated caring as outstanding. This was because:

- Feedback from patients was continually positive about the care provided and the way staff treated them. The
- Patients were involved in their care, and were provided with appropriate emotional support. Patients we spoke with described staff as 'friendly' and 'helpful', telling us they 'couldn't have been cared for better' and were made to feel 'relaxed after feeling apprehensive'. They told us the care they received exceeded their expectations and we saw that staff went above and beyond their remit of care with examples such as providing more comfortable shoes for a patient to travel home in, purchasing food and waiting with a patient into the early evening when the patients transport arrangements had been delayed.
- Our findings were reinforced by our own observations of staff interacting with patients in a supportive, caring manner, taking time to explain everything and providing reassurance when patients felt anxious.

Compassionate care

- In all interactions with patients and carers, we saw that staff were responsive, kind, compassionate and respectful, and that they made every effort to provide appropriate practical and emotional support. During the three surgical procedures we observed, the nurse and health care assistants treated the patients with dignity and listened to any concerns they expressed. The patients told us afterwards how reassured and comfortable they felt.
- Staff sourced the views and opinions of people using services in questionnaires. These were separated for each specialty so that managers could identify specific areas of concern or good practice. Questionnaires were handed to patients during their visit.
- We reviewed responses to questionnaires for specialties including ear, nose and throat care surveyed between April and June 2016. These showed that, out of 26 respondents (100% of all patents seen), 24 said they were extremely likely, to recommend services (two rated this as likely).All respondents rated the professionalism of clinical staff as excellent, with 20 reporting arrival and reception processes and 25 reporting explanations of care as excellent as well. All other ratings were either very good, or good. These patients said they 'couldn't have been cared for better' and they were 'looked after so very well', that staff were 'helpful and very professional' and made them 'feel relaxed after feeling nervous and apprehensive'. No negative comments about care were received.
- We also reviewed responses to questionnaires for patients undergoing maxilla facial plastic surgery between April and June 2016. Out of 119 patients, 118 rated services as excellent or very good for professionalism of clinical staff, 117 rated the reception and arrival process as excellent or very good and 116 rated the explanations of care as excellent or very good. No negative responses were received. These patients described staff as 'friendly' and reassuring'. They described being 'extremely pleased with the service' and felt staff put them 'at ease'.
- We reviewed nine patient feedback comment cards all of which recorded positive comments. Examples of the comments included; 'Service received is professional yet friendly as always. I just wish all the hospitals' clinics gave the same very high standard of care.' 'Could not be improved. Everything from my first appointment through to today has been so professional and friendly – really superb' and 'Environment is clean, tidy and presentable. Staff are friendly, polite, informative and smiling.' 'The procedure was fully explained, carried out properly and after care fully explained. The reception and care I received surpassed all my expectations.'
- Patients and relatives we spoke with described staff as 'very pleasant' and 'friendly' and their overall experience as 'marvellous'. We did not receive any negative comments from those we spoke with during our inspection.
- Staff were passionate about the service they provided and were proud of what they did. Staff we spoke with were compassionate and considerate in the way they

spoke about their patients. We saw that the care they gave was centred on the patient's needs and staff involved those accompanying the patient where appropriate as well.

- Staff told us they tried hard to ensure patients were cared for compassionately. They described one example where a patient unexpectedly had to return home using public transport rather than a car. Staff ensured the patient had a meal prior to the journey and also gave the patient some shoes in replacement of high heels because the patient was having difficulties.
- We observed a number of interactions between staff and patients.
- We observed them giving patients who were particularly anxious, additional one to one support. We saw them asking if patients were comfortable, making efforts to ensure their comfort during procedures. For example, shielding their eyes from the bright surgical lights and checking they were not too warm or cold. They were mindful to give the patient time in between different elements of the procedure as well.
- Patients who attended without a dressing gown were provided with two gowns to help maintain dignity and privacy during procedures.

Understanding and involvement of patients and those close to them

- Patients told us that all staff explained what they were doing in a way they understood. Patients said they felt comfortable to ask any questions and staff explained everything throughout the procedure.
- In a patient survey involving eight patients, explanations about procedures were rated as excellent. We observed consultants taking time to sit with patients and explain what they should expect during and after procedures. This provided an opportunity for them to ask questions about their care.
- Patients and relatives we spoke with confirmed this, and said the process was 'friendly and informative'.

Emotional support

- Patients we spoke with described staff putting them at ease and making them feel welcome.
- We saw staff hold patients' hands as a supportive gesture during treatment.
- We observed the surgeon going to reassure a patient who was considering discharging themselves prior to their procedure. The patient told us afterwards that his reassurance had enabled them to go ahead with their surgical procedure. Managers gave examples of consultants providing support for patients feeling anxious about elements of their care. In one example, a consultant came to sit with them and explain the reasons for raised blood pressure following a procedure, providing reassurance prior to the patient leaving.
- Support following discharge was also available to patients. Clinical staff contacted patients if clinically required following discharge. Additionally, all patients received a follow up phone call by a senior member of the team following their procedure to check whether they had any concerns. We heard patients being told they could ring when they were discharged if they had any immediate concerns.
- Staff told us of the positive relationships they had with spinal patients whom they got to know well due to the number of times they returned to the service for treatment.

Are surgery services responsive?

Good

We rated responsive as good. This was because:

- Services were planned to make visiting the hospital as pleasant as possible, with free car parking, individual rooms, lift access, music and magazines.
- Access and flow was managed by planning theatre lists in advance. Cancellations were rare but increased rates were investigated to find the root cause and limit recurrence.
- Leaflets were available for patients to take away with them. In questionnaires, patients rated these as excellent or very good.
- Complaints were rare and managed in line with a local policy which was accessible to staff caring for patients.

Service planning and delivery to meet the needs of local people

Good

Surgery

- The services provided by the hospital in partnership with local NHS trusts meant that local people had a wider choice about where to receive care.
- The hospital arranged appointments and surgery on dates and times that suited the patient.
- Free car parking was available for patients attending the hospital. This was particularly useful for patients travelling long distances by car.
- Discharge details were provided for patients following procedures. In questionnaires completed by 145 patients between April and June 2016,128 gave a rating of excellent or very good when asked about the quality of written information.
- The environment was comfortable for the patients and anyone who accompanied them. Individual rooms were available for patients waiting for treatment or recovering prior to going home. The rooms were located close to theatres which meant patients wearing gowns did not have to walk through public areas.
- Male, female and disabled access toilets were available for visitors as well as lift access to the first floor.
- The environment was pleasant, light and airy with individual rooms and television or music in patient areas.

Access and flow

- Patient flow was managed day to day by planning treatment times in advance. The visiting consultant was provided with referral letters before confirming the time required for treatment or consultation. Schedules were compiled using this information.
- We reviewed a sample of schedules for 9 and 12 August and 23 September 2016. Whilst schedules in August had allocated time for a staff break we saw that the schedule for 23 September did not. The consultant responsible for the schedule confirmed that he had instead factored extra time for some appointments which would allow flexibility in designating a break time. Staff spoken with said they always received breaks and the consultant confirmed they would never operate endlessly without a break.
- Patients receiving NHS treatment (99% of patients overall) were only admitted under strict criteria. Other patients (1% of patients overall) were seen on an appointment basis only, enabling staff to ensure their records and suitable staff were available to see them.
- Following discharge, letters were provided for GPs with a copy available for patients as well. Consultants we spoke with said these were provided in a timely way.
- Follow up appointments were arranged following treatment. Data showed that 99% of patients who were referred by an NHS trust, received follow up appointments with that trust as they maintained overall responsibility for their patients. For many patients the follow up appointment involved seeing the same consultant who completed their procedure. This helped limit the risk that care might become protracted compared to care provided by a single organisation.
- Between April 2015 and March 2016, procedures were cancelled on 13 occasions for non- clinical reasons. The majority of these were investigated and found to relate to a single period of staff sickness. All patients were offered another appointment within 28 days.

Meeting people's individual needs

- Leaflets were available for patients to take away with them. This provided useful information about what to expect following discharge from the hospital and how to get help if required.
- The evacuation chair and operating tables were suitable for bariatric patients. A hoist was also available should patients require manual handling.
- Exclusion criteria ensured that patients lacking capacity either through illness, dementia or a learning disability were not referred to the hospital.
- Interpreting services were available for patients whose first language was not English. However, this request was required in advance of appointments to ensure arrangements could be made. We saw that this was stipulated in hospital documentation.

Learning from complaints and concerns

- The hospital had a policy and procedure for managing complaints which were available for staff at the reception desk should they be required. There was also a lead staff member assigned to manage complaints.

Good

Surgery

- Information about how to complain was displayed on television screens in the waiting areas.
- Between April 2015 and March 2016, the hospital received two complaints which were better than the average rate for independent hospitals we hold data for. Both of these related to dissatisfaction with the outcome following cosmetic surgery procedures.
- No complaints were received about this hospital by the Care Quality Commission and none were referred to the Parliamentary and Health Service Ombudsman during the same time period.
- Complaints were discussed in staff and clinical governance meetings to ensure learning was shared.

Are surgery services well-led?

Good

We rated well-led as good. This is because:

- There was a clear strategy in place for expansion which staff were familiar with and working towards.
- Governance measures were used to monitor safety and quality, such as regular meetings, a risk register and a quality improvement plan. Administration staff kept information relating to governance in an organised and accessible way.
- Leaders operated an open door policy for staff and the culture was positive and friendly. Staff were aware of risks as well as the importance of quality.
- We saw engagement with the public took place by regularly sourcing their views about services. Managers also engaged with staff, providing positive incentives and empowering them to make decisions about requirements in a positive way.

However:

- The risk register did not contain all of the information to help them manage risk effectively.

Vision and strategy for this this core service

- The service strategy was to deliver effective solutions which would streamline patient pathways and assist NHS trusts in reducing waiting times. Their philosophy centred on being accessible and responsive with service expansion over the next two years.
- Values incorporated the provision of safe, affective care whilst ensuring optimum patient experience. We saw that values were adopted by staff working at all levels. For example changes were made to ensure safe care for patients with latex allergies. In addition they had plans to be able to provide a surgical team to be able to work in the NHS to reduce waiting list times, for example for endoscopies and cataract surgery.
- Staff were familiar with this vision and shared the ambition to expand services and provide more complex care in the future.
- The Radiology Manager planned to introduce auditing of imaging request forms and radiology images in 2017 to help ensure standards were maintained.

Governance, risk management and quality measurement

- The hospital had a management structure with staff allocated to particular roles such as medical advisor, governance lead and radiology manager. This helped to ensure staff with the appropriate knowledge and experience were in place to manage governance, risk and quality.
- Measures and monitoring using a range of techniques including patient questionnaires, training and contract review meetings were used to help ensure staff and patients were provided with good quality care in a safe environment.
- Human resource requirements such as training, staffing and health and safety elements of the business were managed by an external agency who met with staff annually or bi-annually.
- Regular meetings took place. For example, quarterly governance meetings were attended by directors and representatives from the provider company Bespoke Holdings Ltd. Monthly internal staff meetings were also held where audits, contracts and changes or improvements to services were discussed. Directors also met with representatives from the provider company bi-annually, to discuss recruitment, finance, business

development and governance. Contract review meetings were held monthly with local NHS trust partners where any issues or improvement needs could be identified.

- Staff signed policies and procedures to confirm they had read them. They included policies for anti-fraud and corruption, health and safety, recruitment, procurement, information governance, patient identification, medical devices management, information technology, security, clinical governance and audit, risk registration and training. The Radiology Manager had completed the 'train the trainer' course for moving and handling. The manager was in the process of writing the moving and handling policy for the hospital which was due to be completed by October 2016.
- Risks were identified and monitored. A risk register was reviewed internally on a quarterly basis and twice annually by an external governance lead. The register corresponded with concerns managers shared with us during the inspection such as potential loss of business. Mitigating actions were put in place such as developing staff to take over roles should key staff be unable to work. Whilst the register was organised into groups relating to human resources, finance and governance we saw there were some details missing. For example we saw no detail about impact of the risk occurring or timeline for monitoring or mitigating the risk.
- A Medical Advisory Committee was being introduced to the hospital in October 2016. Senior medical staff told us once instigated the committee would meet twice a year and, following our inspection, we saw minutes of a meeting held in November 2016 which confirmed this. Managers explained this had not been in place prior to that point because the business only
- commenced trading formally this year. Managers planned to ensure that all consultants with practising privileges would be invited to attend the committee once established.

Leadership / culture of service related to this core service

- Staff said leaders operated an 'open door' policy and they felt able to approach them for advice or support when required.
- They described the culture as one of teamwork which was positive and supportive. Clinical staff said nursing, medical and administration staff worked well together to provide a good service for patients. One manager described the culture as being one where 'the patient was the most important'.
- Leaders described wanting staff to feel empowered to be forward thinking and responsive. They felt they achieved this, describing staff taking the initiative to order call bell cables as soon as we notified them of our concern, rather than waiting for managers to approve this.
- Whilst maintaining standards, managers allowed flexibility where possible. For example, surgical lists were limited when staff took part in Ramadan (a religious period when people of Muslim faith fast during daylight). This helped to ensure staff did not feel overworked when fasting.

Public and staff engagement (local and service level if this is the main core service)

- Managers of the service engaged with the public by sourcing their opinion of the service. Questionnaires were provided for every patient to complete. We sampled eight randomly selected completed questionnaires which showed that all eight patients confirmed they would be likely (one) or extremely likely (seven) to recommend the service to others.
- Leaders told us they wanted staff to feel empowered to be forward thinking and responsive. They felt they achieved this, providing the example of staff taking the initiative to order call bell cables as soon as we notified them we had concerns, rather than waiting for managers to approve this.
- Newsletters were published biannually and emailed to staff and visiting consultants. We saw that the most recent newsletter had been emailed to staff in July 2016.
- Leaders provided rewards for all staff for example by offering annual bonuses.

Innovation, improvement and sustainability (local and service level if this is the main core service)

Good

Surgery

- Senior managers were keen to expand services whilst maintaining quality to ensure sustainability. We saw there were aspirations to develop particular services such as endoscopy procedures, reducing waiting times for patients locally.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review policies and evidence this in line with documented review dates.
- The provider should replace sinks used by consultants for 'scrubbing' prior to surgery with larger sinks to minimise water spillage in theatres one and two.
- The provider should add 'the suction machine' to documentation used for performing regular checks of the resuscitation trolleys.
- The provider should continue developing a template for checking medicine stock regularly and introduce documented checks as soon as possible.
- The provider should continue working with other care providers to monitor patient outcomes, in order to identify any required changes to practice within the hospital.
- The provider should review the risk register and make changes to ensure the impact of a risk, and related
- The provider should develop specific guidance on procedures carried out at the hospital to ensure consistency.